INCIDENT NAME _____ INTERVIEW DATE _____ INTERVIEWER _____ LANGUAGE_____

Updated 01-21-14

CHEMICAL EXPOSURE ROSTER – One form per person

Identification (check one and write in number)

☐ Triage Tag _____ ☐ Drivers License _____

☐ Rapid Screen Tag _____ ☐ Other (describe) _____

PERSONAL INFORMATION

(Last, First, M.I.)

Name _____ , _____ _____

Email (Home) _____

Email (Work) _____

Street Address _____

City _____ **County**_____

State _____ **Zip** _____

How many people live at this address? _____

Phone (Home) _____

Phone (Work)_____

Phone (Other)_____

Date of Birth (mm/dd/yy)

_____ / _____ / _____ Or, Age (years)_____

Sex (circle one) Male Female Unknown

If female, (circle one) Pregnant Not Pregnant Unknown

EMERGENCY CONTACT INFORMATION

Emergency Contact:

(Last, First, M.I.)

Name _____ , _____ _____

If same as above, write "same" and go to next question.

Email (Home) _____

Email (Work)_____

If same as above, write "same" and go to next question.

Street Address _____

City _____

State _____ **Zip** _____

If same as above, check "same" and go to next question.

Phone (Home) _____ ☐ same

Phone (Work) _____ ☐ same

Phone (Other) _____ ☐ same

EXPOSURE DETAILS

Location/Proximity to the event on [DATE] at [TIME]

Address _____

OR

Nearest Intersection _____

OR

Nearest Building _____

OR

Nearest Landmark _____

Physical location on [DATE] at [TIME] (check one)

☐ Inside a building ☐ Inside a vehicle

☐ Outside ☐ Other:_____

Reason for being at the location described on [DATE] at [TIME] (check all that apply)

☐ A resident

☐ A passerby

☐ An employee

☐ A clean-up worker

☐ A government official

☐ A responder or rescue worker

☐ A non-governmental organization/site volunteer

☐ Other:_____

TO BE COMPLETED BY EVALUATOR

Exposure location (check one)

☐ Hot Zone

☐ Warm Zone

☐ Cold Zone

Contamination status

☐ None

☐ External contamination

☐ Internal contamination

☐Y ☐N Decontaminated? (if deconned, list in what facility_____)

Injury status

☐ Open wound (non-critical)

☐ Burn (non-critical)

☐ Other (describe)

_____

(if hospitalized, list in what facility_____)

Specimen Collection: fill out lab specimen collection form, if any specimens collected

☐ Blood **(check all that apply)**

☐ Urine

☐ None

☐ Collection form filled in

FAX COMPLETED FORM TO 971-673-XXXX